
State:	Arkansas	Filing Company:	Lincoln Heritage Life Insurance Company
TOI/Sub-TOI:	L07I Individual Life - Whole/L07I.101 Fixed/Indeterminate Premium - Single Life		
Product Name:	Revised Child Rider and Application		
Project Name/Number:	/		

Filing at a Glance

Company:	Lincoln Heritage Life Insurance Company
Product Name:	Revised Child Rider and Application
State:	Arkansas
TOI:	L07I Individual Life - Whole
Sub-TOI:	L07I.101 Fixed/Indeterminate Premium - Single Life
Filing Type:	Form
Date Submitted:	01/09/2013
SERFF Tr Num:	LHLI-128838110
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	12FEAPPRA-AR ETAL CD
Implementation	On Approval
Date Requested:	
Author(s):	Shirley Grossman, Cathy Patterson, Wanda McNeece, Sally Roudebush, Cassandra Davis
Reviewer(s):	Linda Bird (primary)
Disposition Date:	01/16/2013
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Revised Child Rider and Application
Project Name/Number: /

Filing Company: Lincoln Heritage Life Insurance Company

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: IL is the state of domicile and is a member of IIPRC. These forms were filed with the IIPRC on Jan 9 2013 and are pending review.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 01/16/2013
State Status Changed: 01/16/2013
Deemer Date: Created By: Cassandra Davis
Submitted By: Cassandra Davis Corresponding Filing Tracking Number:

Filing Description:

Lincoln Heritage Life Insurance Company, NAIC # 65927, FEIN # 04-2314290

12FEAPPRA-AR – Application for Individual Life Insurance
12CHRDAPPRA-AR – Application for Child Rider
12REINSAPPRA-AR – Application for Reinstatement of Individual Life Insurance Policy
12CHRDRA – Child Rider

Dear Sir or Madam:

We are submitting the above listed forms for review and approval. These forms will not be marketed with an illustration. These are new forms and do not replace any previously filed or approved forms. Producers licensed to do business in your state will market these forms.

Form 12FEAPPRA-AR is an application form used to apply for individual life coverage. This form is similar to form 12FEAPPR-AR submitted under SERFF Filing Number LHLI-128671709 and approved by your department on 11/16/2012. We will use this form as a paper, electronic and telephonic application. There will not be any additional dropdowns, scripts, questions, questionnaires or supplements if the applicant answers yes to any of the questions on the application. The procedures followed to verify the authenticity of the transaction remain the same as those outlined in the SERFF filing listed for the previously approved form.

Form 12CHRDAPPRA-AR is an application which will be used to apply for an optional child rider to be added to the individual whole life coverage. This form is similar to form 12CHRDRA-AR submitted under SERFF Filing Number LHLI-128671709 and approved by your department on 11/16/2012.

Form 12REINSAPPRA-AR is a reinstatement application form which will be used to redate or reinstate the policies of current policy holders that have lapsed due to non-payment of premiums. This form is similar to form 12REINSAPPR-AR submitted under SERFF Filing Number LHLI-128687536 and approved by your department on 09/20/2012.

Form 12CHRDRA is an optional child rider that will be attached to the individual whole life coverage. This form is similar to form 12CHRDRA submitted under SERFF Filing Number LHLI-128671709 and approved by your department on 11/16/2012.

Forms 12FEAPPRA-AR, 12CHRDAPPRA-AR, 12REINSAPPRA-AR and 12CHRDRA will initially be used with policy forms

State: Arkansas
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12WL-AR, 1220P-AR and 12GDB-AR which were submitted to your department under SERFF Filing Number LHLI-128671709 and approved by your department on 11/16/2012.

To the best of my knowledge, information and belief, these forms are in compliance with the provisions of the insurance laws, rules and regulations of your state, and do not contain any controversial, unusual or previously disapproved provisions.

Sincerely
Cassandra Davis,
Compliance Associate
Lincoln Heritage Life Insurance Company

Company and Contact

Filing Contact Information

Cassandra Davis, Cassandra.Davis@londen-insurance.com
4343 East Camelback Road 800-433-8181 [Phone]
Phoenix, AZ 85018 602-808-8845 [FAX]

Filing Company Information

Lincoln Heritage Life Insurance CoCode: 65927 State of Domicile: Illinois
Company Group Code: Company Type: Life and
4343 East Camelback Road Group Name: Health
Phoenix, AZ 85018 FEIN Number: 04-2314290 State ID Number:
(800) 433-8181 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$200.00
Retaliatory? No
Fee Explanation: Filing 4 forms at \$50.00 per form = \$200.00
Per Company: No

Company	Amount	Date Processed	Transaction #
Lincoln Heritage Life Insurance Company	\$200.00	01/09/2013	66392628

SERFF Tracking #:	LHLI-128838110	State Tracking #:		Company Tracking #:	12FEAPPRA-AR ETAL CD
State:	Arkansas	Filing Company:	Lincoln Heritage Life Insurance Company		
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life				
Product Name:	Revised Child Rider and Application				
Project Name/Number:	/				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/16/2013	01/16/2013

State:	Arkansas	Filing Company:	Lincoln Heritage Life Insurance Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
Product Name:	Revised Child Rider and Application		
Project Name/Number:	/		

Disposition

Disposition Date: 01/16/2013

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Certificate of Compliance		Yes
Supporting Document	Statement of Variability		Yes
Form	Application for individual life insurance		Yes
Form	Application for Child Rider		Yes
Form	Child Rider		Yes
Form	Reinstatement Application		Yes

SERFF Tracking #:

LHLI-128838110

State Tracking #:

Company Tracking #:

12FEAPPRA-AR ETAL CD

State: Arkansas

Filing Company:

Lincoln Heritage Life Insurance Company

TOI/Sub-TOI: L07I Individual Life - Whole/L07I.101 Fixed/Indeterminate Premium - Single Life

Product Name: Revised Child Rider and Application

Project Name/Number: /

Form Schedule

Lead Form Number: 12FEAPPRA-AR

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Application for individual life insurance	12FEAPPR A-AR	AEF	Initial		41.000	12FEAPPRA-AR.pdf
2		Application for Child Rider	12CHRDAP PRA-AR	AEF	Initial		40.000	12CHRDAPPRA-AR.pdf
3		Child Rider	12CHRDRA	POLA	Initial		40.000	12CHRDRA.pdf
4		Reinstatement Application	12REINSAP PRA-AR	AEF	Initial		40.000	12REINSAPPRA-AR.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



Lincoln Heritage
LIFE INSURANCE COMPANY

**APPLICATION FOR
INDIVIDUAL LIFE INSURANCE**
PLEASE PRINT LEGIBLY

Executive Offices:
4343 East Camelback Road, Suite 400
Phoenix, AZ 85018-2705

OWNER INFORMATION

Name _____			
Email _____		Phone _____	
Address _____		City _____	State _____ Zip _____

APPLICANT INFORMATION – All applicants must permanently reside in the United States.

Name _____		Relationship to Owner _____	
Address _____		City _____	State _____ Zip _____
Phone _____	SSN _____	Age _____	Date of Birth _____ Sex _____
Primary Beneficiary _____		Relationship _____	
Address _____		Phone _____	Coverage Amount \$ _____
Contingent Beneficiary _____		Relationship _____	Monthly Premium \$ _____

RIDER OPTIONS

Child Rider <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Unit(s) Per Child _____	AD&D Rider <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Unit(s) _____	Rider Premium \$ _____
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PLAN	PAYMENT METHOD	DUE DATE	
<input type="checkbox"/> Final Expense <input type="checkbox"/> 20 Year Pay <input type="checkbox"/> Graded Death Benefit	<input type="checkbox"/> Monthly Draft <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Monthly Direct	(1st thru 28th only)	TOTAL MONTHLY PREMIUM \$ _____

TOBACCO QUESTION

In the past twelve (12) months, has the applicant used any form of tobacco? _____ ☐ Yes ☐ No

UNINSURABLE CONDITIONS

1. Has the applicant tested positive for HIV or been diagnosed by a physician as having a terminal illness or AIDS? _____ ☐ Yes ☐ No

2. Is the applicant currently bedridden, hospitalized, incarcerated, in a care facility, or receiving hospice care? _____ ☐ Yes ☐ No

SIGNIFICANT HEALTH CONDITIONS – If the answer to any health question is “Yes”, your death benefit will be graded.

In the past two (2) years, has the applicant been diagnosed with, been treated by a physician, or taken medication for any of the following conditions:

- Disease of the heart, including heart attack, heart surgery, or congestive heart failure? _____ ☐ Yes ☐ No
- Disease of the circulatory system, including stroke, aneurysm, or been advised to have surgery to improve circulation? _____ ☐ Yes ☐ No
- Cancer, other than basal cell skin cancer? _____ ☐ Yes ☐ No
- Disease of the lungs, including COPD or emphysema, other than asthma? _____ ☐ Yes ☐ No
- Disease of the liver or kidney, or had an organ transplant? _____ ☐ Yes ☐ No
- Alzheimer's disease, dementia, organic brain syndrome, or ALS (Lou Gehrig's disease)? _____ ☐ Yes ☐ No
- Alcohol or drug abuse? _____ ☐ Yes ☐ No
- Complications of diabetes, including amputation, diabetic coma, blindness, or kidney disorder? _____ ☐ Yes ☐ No
- Has the applicant had or been advised to have a diagnostic test relating to any of the questions listed above, except for those relating to the Human Immunodeficiency Virus (AIDS virus), for which results have not yet been received? _____ ☐ Yes ☐ No

REPLACEMENT

1. Does the applicant have existing life insurance or annuity contracts? _____ ☐ Yes ☐ No

2. Will this policy replace or change other insurance or annuities? _____ ☐ Yes ☐ No

If question two (2) is answered “yes”, list company and policy # _____

AUTOMATIC PREMIUM LOAN

Is Automatic Premium Loan requested? ☐ Yes ☐ No

DELIVERY

Mail Policy to: ☐ Owner ☐ Producer

I authorize any pharmacy or pharmacy benefit manager that possesses prescription history about me to furnish such health information to Lincoln Heritage Life Insurance Company or its reinsurers for the purpose of evaluating my application for insurance. Health information obtained will not be redisclosed without my authorization unless permitted by law, in which case, it may not be protected under federal privacy rules. This authorization shall be valid for two (2) years from this date and may be revoked by sending written notice to Lincoln Heritage Life Insurance Company.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. I affirm that the answers I have given are true to the best of my knowledge and belief. I understand that the Company will rely on my answers in issuing the insurance. I understand that coverage takes effect when this application has been approved by the Company and the first premium is paid.

Signature of Owner _____ Signature of Applicant _____

Signed in State _____ Date _____

PRODUCER'S CONFIRMATION

Are there existing life insurance and/or annuity contracts on the life of the applicant? ☐ Yes ☐ No To the best of my knowledge, replacement ☐ is ☐ is not involved in this transaction. If replacement is involved, I presented and read the applicant a notice regarding replacement.

Signature of Producer _____ Printed Name _____ Producer's Number _____

FUNERAL CONSUMER GUARDIAN SOCIETY (FCGS) ENROLLMENT – Free Benefit

Please enroll me as a non-voting FCGS member: ☐ Yes ☐ No



CHILD RIDER APPLICATION

PLEASE PRINT LEGIBLY

POLICY OWNER INFORMATION				
Name _____			Policy Number _____	
POLICY APPLICANT INFORMATION – If different from Owner				
Name _____			Relationship to Owner _____	
<p>The owner of the insurance policy may purchase a child rider on the child, stepchild, grandchild, or great-grandchild of the applicant who is at least thirty (30) days of age and is not more than seventeen (17) years of age at the time of application.</p> <p>All applicants must permanently reside in the United States.</p>				
Number of Units per Child _____			Rider Premium \$ _____	
Full Name of Proposed Insured Child/Stepchild/Grandchild/ Great-Grandchild	Sex	Date of Birth	Relationship to Policy Applicant	Beneficiary is Policy Owner Unless Otherwise Stated
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
HEALTH INFORMATION – If any question is answered "Yes", the Proposed Insured Child/Grandchild will not qualify for coverage. <i>Please indicate which Proposed Insured Child/Grandchild answered "Yes".</i>				
1. Is any Proposed Insured Child/Grandchild currently institutionalized, incarcerated, or in a care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Ins # _____ 2. Has any Proposed Insured Child/Grandchild ever been diagnosed with or been treated by a member of the medical profession for cancer, complications of diabetes, heart or circulatory disorder, cerebral palsy, muscular dystrophy, spina bifida, or cystic fibrosis? <input type="checkbox"/> Yes <input type="checkbox"/> No Ins # _____ 3. Has any Proposed Insured Child/Grandchild ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)? <input type="checkbox"/> Yes <input type="checkbox"/> No Ins # _____ 4. Has any Proposed Insured Child/Grandchild ever used or received treatment, advice, or counseling from a member of the medical profession or other licensed practitioner relating to the use of alcohol or drugs (except as prescribed by a physician)? <input type="checkbox"/> Yes <input type="checkbox"/> No Ins # _____				
<p>Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p> <p>I affirm that the answers I have given are true to the best of my knowledge and belief. I understand that the Company will rely on my answers in issuing the insurance. I understand that coverage takes effect when this application has been approved by the Company and the first premium is paid.</p>				
Signature of Owner _____			Date _____	
Signature of Policy Applicant _____			Date _____	
FOR PRODUCER USE ONLY				
Producer's Name _____			Producer's Number _____	

CHILD RIDER

Attached to and made part of this Policy. The provisions of this Rider apply in lieu of any Policy provisions to the contrary.

LINCOLN HERITAGE LIFE INSURANCE COMPANY

Executive Office: Phoenix, Arizona

Policy Number:	Amount
{John Doe}	\$ {10,000.00}
{Jane Doe}	\$ {10,000.00}

Child... shall include any Child, Stepchild, Grandchild or Great-Grandchild of the Primary Insured on the Policy, or subsequently born or legally adopted by the Primary Insured on the Policy and who are named in the application or a subsequent application for this Rider. They must be at least thirty (30) days of age and not more than seventeen (17) years of age at the time of application and the application for a rider must have been received and approved by the Company. No Child will be insured under this Rider past the Period of Coverage. This Rider is issued in consideration of the application and payment of the premiums for this Rider.

We will pay... the amount shown above to the Beneficiary of the Insured Child upon receipt of due proof of death of an Insured Child occurring while this Rider is in full force.

Period of Coverage... for any Child shall expire on the Policy anniversary, on or next following the Child's 25th birthday, or the Expiry Date of the Policy to which this Rider is attached if such Expiry Date is earlier.

Continuation... of this Rider is based on the continuation of premiums for the Policy and Rider to be paid by regular payments or Policy loan. However, it will terminate on the Policy anniversary, on or next following the 25th birthday of the youngest insured Child, Stepchild, Grandchild, or Great-Grandchild, or at the expiration of the grace period for payment of premium in default on the Policy to which this Rider is attached, or when the Policy terminates.

Reinstatement... provision of the Policy applies to this Rider. It must be shown that each Child qualifies for reinstatement. If such Child does not qualify for reinstatement, he/she will be excluded from coverage under this Rider. Subject to the Grace Period provision, We shall not be liable for any death benefit arising during the period between the date of termination of this Rider and the date of reinstatement.

Incontestability and Suicide... provisions of the Policy shall apply to this Rider. The periods of time set forth in the Incontestability and Suicide provisions of the Policy shall be measured from the effective date of this Rider or the effective date of the coverage for any Insured added to the Rider.

Premium... for this Rider is stated in the Policy Schedule. On and after termination of this Rider, the Policy premium, whether paid by regular payments or by Policy loan, will be reduced by the amount charged for this Rider. The payment of premium for this Rider shall not increase any cash or non-forfeiture values in the Policy.

Termination... of this Rider will occur under any of the following conditions:

1. For all Children covered under this Rider upon the date the Primary Insured under the Policy dies and We return any unearned identifiable charge,
2. When We receive written request from the Policy Owner for termination of this Rider,
3. Upon termination of the Policy,
4. Upon the date the Policy lapses or is continued as extended term or paid up insurance under the nonforfeiture provisions,
5. Upon the date of the conversion of the Rider benefit for the last Child,
6. Upon the Policy anniversary on or next following the 25th birthday of the youngest Insured Child, Stepchild, Grandchild or Great-Grandchild,
7. Upon the death of the last surviving additional Insured, or
8. Upon nonpayment of the identifiable charge, in accordance with the provision of the form or the Policy.

Conversion... on the Policy anniversary on or next following the 25th birthday of an Insured Child or on the regular termination date of this Rider, whichever date is earlier, the insurance on the life of such Insured Child may be converted without evidence of insurability, to a new Policy on any permanent plan of insurance then being offered for sale by the Company. The face amount of the new plan may not be greater than the Child's death benefit under this Rider. Any new Policy issued under this provision will be issued as of the date of conversion, subject to the following conditions:

1. Proper written application for the converted Policy must be made to Us at Our office not later than thirty-one (31) days after the date conversion is permitted as provided above.
2. The new plan shall become effective only after the Company has receipt of the first premium within the thirty-one (31) day conversion period and while the Child to be insured is living.



Secretary



President



V1

State:	Arkansas	Filing Company:	Lincoln Heritage Life Insurance Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
Product Name:	Revised Child Rider and Application		
Project Name/Number:	/		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	Certification attached		
Attachment(s):			
Certification of Readability.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certificate of Compliance		
Comments:	Certificate of Compliance attached		
Attachment(s):			
Certification of Compliance.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:	Statement attached		
Attachment(s):			
Statement of Variability.pdf			

CERTIFICATION OF FLESCH READABILITY SCORE

I, Shirley Grossman, Vice President for Lincoln Heritage Life Insurance Company do hereby certify that the forms listed below have text that achieves a minimum score of 40.0 on the FLESCH reading ease test. The forms print in not less than ten (10) point type and one (1) point leaded, except for specification pages, any schedules and tables.

Policy Form(s):

12FEAPPRA-AR – Application for Individual Life Insurance

12CHRDAPPRA-AR – Application for Child Rider

12REINSAPPRA-AR – Application for Reinstatement of Individual Life Insurance Policy

12CHRDRA – Child Rider

LINCOLN HERITAGE LIFE INSURANCE COMPANY



Shirley Grossman, Vice President

January 7, 2013

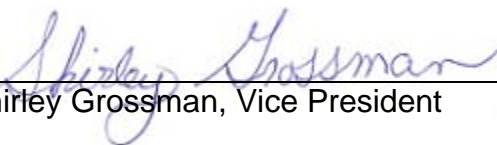
Certification of Compliance

Lincoln Heritage Life Insurance Company

As specified in the Arkansas Insurance Regulations, I do hereby certify that the Company has reviewed the contents of Arkansas Rule and Regulation 19 and to the best of its knowledge and belief this submission meets the provisions of this rule as well as all applicable requirements of the Arkansas Insurance Department.

Enclosed policy forms:

12FEAPPRA-AR
12CHRDAPPRA-AR
12REINSAPPRA-AR
12CHRDRA



Shirley Grossman, Vice President

January 7, 2013

Date

Statement of Variability

The only variable information associated with these forms is the information that is specific to the company or the individual completing the form or the individual applying for insurance coverage or the producer making the sale.

The owner and applicant information is variable to the extent that the information is specific to the person completing the information or the person applying for coverage.

The executive office of the company is variable to the extent that the company may at some future date change physical location of the office.

The officer signatures are variable to the extent that the individual holding the position may change due to retirement or other unforeseen circumstances.

The benefit amounts indicated on the child rider is variable to the extent that each applicant may choose coverage amounts in a number of units ranging from 1 – 5 per child.

None of the text found in the application forms is variable.